



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 DEC 19 PM 2:01

1. Entity ID Number <u>120911</u>		2. Exact name of the Corporation <u>Rhode Island Auto Recycling, Inc.</u>	
3. Principal Office Address <u>1134 S. Main St</u>		City <u>PASCOAG</u>	State <u>RI</u>
		Zip <u>02859</u>	
4. Business Phone Number <u>401 568-6815</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Auto Repair / Auto Salvage / USED Auto Sales</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Lawrence Therien</u>		Vice-President Name <u>L Therien</u>	
Street Address <u>1130 S Main St</u>		Street Address <u>1130 S Main St</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>PASCOAG</u>	State <u>RI</u>
Zip <u>02859</u>		Zip <u>02859</u>	
Secretary Name <u>L Therien</u>		Treasurer Name <u>L Therien</u>	
Street Address <u>1130 S Main St</u>		Street Address <u>1130 S Main St</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>PASCOAG</u>	State <u>RI</u>
Zip <u>02859</u>		Zip <u>02859</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>50</u>	<u>Common</u>
			<u>No Par</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Lawrence Therien</u>			Date <u>12/19/16</u>
Signature of Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY CU 291134

FORM 630 - Revised: 05/2016